ment of valid and reliable measures for compliance behavior is still needed.

PHP6

THE INFLUENCE OF SELF-EFFICACY AND COMPLIANCE IN HYPERTENSION PATIENTS, DIABETES PATIENTS, AND UPPER RESPIRATORY TRACT INFECTIOUS PATIENTS WHO NEED SHORT COURSE ANTIBIOTICS AT FORT ADISORN HOSPITAL, THAIALND 2000

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OBJECTIVE: This study: 1) investigates the relationship between Self-efficacy (SE) (confidence in competent in a specific situation) and compliance with medical regimens in three groups of patients namely: Chronic maintenance care for diabetes—a life-threatening illness; Similar care for hypertension—a non-life threatening disease, and Acute care with antibiotics for infection—an episodic disorder with or without life-threatening potential; 2) explores SE for different levels of compliance (with 3 diseases) in self-administration of prescribed drugs; 3) identifies other variables relating to compliance in the respondents at Adisorn Fort, Saraburi Province, Thailand 2001. **METHOD:** A descriptive cross-sectional survey was employed to study relationships between SE and compliance. The response rate was 100% (n = 180). De Geese's SE Scale had alpha .8680 and Sorofman's Compliance scale with 2 constructs (correct amount and correct time) had alpha .8280 and .9459. **RESULTS:** Research confirmed that the stronger a patient's Self-efficacy, the more reliably he/she complied to regimens for self-administration of maintenance and acute-care medication. SE selectively predicted adherence in 3 distinct categories of drug therapy: Diabetes > Hypertension > Antibiotics and compliance in Diabetes > Hypertension > Antibiotics as well ($p < .05$). Statistical significance for predicting compliance was found in SE model (R2.695). Male had more SE and comply than female ($p < .05$). There were inverse correlation between education and SE and negatively correlation between SE and compliance as well (R–.199,–.189). The length of time for patients got disease correlated to SE and compliance (R.475, .508) ($p < .05$). The elderly had the more SE and more compliance to medical regimens than the younger (R .415, .404). Social support influenced SE and compliance. Patients with spouses had more SE and more comply with medical regimens than patients who lived alone ($p < .05$). **CONCLUSION:** SE played an important role in predicting compliance. SE was selective among diseases.

PHP7

CRITICAL EVALUATION OF INTERVENTIONS TO ENHANCE PATIENT COMPLIANCE WITH CHRONIC MEDICATIONS

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OBJECTIVE: Compliance with chronic medications is poor, resulting in lost clinical benefits and wasted resources. Developing evidence-based compliance programs is difficult because the literature is often equivocal, contradictory, or of poor methodological quality. The objectives of this study were: 1) to assess the relationship between methodological rigor in program evaluation and probability of intervention success; and 2) to identify the characteristics of compliance interventions that most strongly predict positive outcomes. **METHODS:** We searched the MEDLINE database for controlled studies of interventions designed to improve patient compliance with prescription medications for asthma, dyslipidemia, hypertension, depression, and diabetes (English-only, published between 1982 and 2002). Each study was abstracted for methodological rigor and intervention design. Compliance programs were considered "successful" if the authors demonstrated a statistically significant improvement in compliance compared to a control group. **RESULTS:** Sixty-four controlled studies were identified, in which 76 compliance interventions were evaluated. Overall, 68% of the interventions improved compliance. Of 20 interventions evaluated based on self-reported compliance, 9 (45%) were successful; 41 of 54 interventions (76%) that measured compliance via pill count, electronic monitoring, or pharmacy records were successful ($p = 0.02$). There were nine broad categories of intervention types, the most frequent of which were improved dosing convenience (n = 20 interventions, 70% successful), intensive clinician management (n = 7, 57% successful), counseling (n = 7, 57% successful), and reminders (n = 6, 66% successful). In addition, 20 of 25 programs (80%) consisting of multiple interventions were successful. **CONCLUSION:** Reliance on self-reported medication use appears to bias results against the intervention. This may be because patients report exaggerated levels of compliance in both intervention and control groups, creating a "ceiling effect" that reduces the observable difference. Common attributes of successful programs included simplified treatment regimens, facilitation of provider-patient relationships, and multi-faceted patient education methods. Combination interventions had higher rates of success than individual tactics.

PHP8

DIFFERENTIAL ECONOMIC IMPACT OF VARIABLE COMPLIANCE AND VARIABLE PERSISTENCE WITH PRESCRIBED, LONG-TERM DRUG REGIMENS

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OBJECTIVES: We define "compliance" as the "the extent of correspondence between the patient's dosing history and the prescribed dosing regimen", and "persistence" as the time between the first- and last-taken doses. They are related in that persistence increases one dose at a time.